

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## BOARD OF NURSING

### CERTIFICATION OF MASTER'S OR DOCTORAL DEGREE

**APPLICANT:** Complete this section and submit to the college or university at which you received your master's or doctoral degree for completion. Form must be returned directly from the college or university to the Department at the above address.

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address:** (number, street, city, zip code)

**Date of Birth:**

 /  / 

**Social Security #:** (voluntary-for school's use in locating your records)

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**SCHOOL:** Complete this section for the above named applicant and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [dspscrednursing@wisconsin.gov](mailto:dspscrednursing@wisconsin.gov).

**Name of School:**

**Location of School:** (City, State)

**Date of Graduation or Completion:**

 /  / 

(anticipated dates of graduation will not be accepted)

**Was Master's/Doctoral Degree in Nursing?**

☐ Yes ☐ No

**Title of Degree Granted:**

**Was this College/University Regionally Accredited at the Time of Graduation?**

☐ Yes ☐ No

**Signature**

**Date**

 /  / 

**Title**